

SO-12-03

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
April 21, 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 12 MAY 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02-22O
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22O"

A. NOTICE. This position is set aside for individual Occupational Therapists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Occupational Therapist. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as an occupational therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and/or has holds membership in good standing with the National American Occupational Therapy Association. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

Services shall be provided in the Physical Therapy/Occupational Therapy Department of the Naval Medical Center, San Diego, CA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0630 and 1700. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Sunday through Saturday. An alternative work schedule, such as four 10 hour days, or half days may be implemented with the mutual agreement of the you and the government. In no instance shall you be required to perform more than 40 hours of service per week. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as an Occupational Therapist.

You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 80 hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

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II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commander, Naval Medical Center, San Diego, CA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. Your actual clinical performance will be a function of the Commanding Officer's credentialing process, and the overall demand for Occupational Therapy service. You shall perform services on site, using Government furnished facilities, equipment and supplies. Caseload includes scheduled and unscheduled requirements for care. You shall maintain liaison with the department head per established command policies.

ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, aides, students) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties that include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff Performance Improvement functions and Process Action Teams, as prescribed by the Commanding Officer.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to occupational therapy services.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
7. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
8. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

STANDARD DUTIES. You shall perform a full range of occupational therapy services, within the scope of this statement of work, on site using Government furnished facilities, equipment, and supplies. Workload includes scheduled and unscheduled requirements for services. Workload is scheduled as a result of demands related

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to the provision of medical care by the military and civilian practitioners as well as other requirements. You are responsible for the delivery of comprehensive occupational therapy services within the personnel, supply and equipment capabilities of the facility, and for the quality and timeliness of records, reports, and documentation of services provided. Your productivity is expected to be comparable to that of other occupational therapists assigned to the same facility and authorized the same scope of practice. Routine workload will be scheduled by the central appointments system and the Physical/Occupational Therapy Department. Primary workload is a result of appointments scheduled through the Physical Therapy/Occupational Therapy Department. Secondary workload is the result of consultation requests submitted to the Physical Therapy/Occupational Therapy Department by other Staff providers. You shall:

1. Provide appropriate therapeutic procedures and provide a full range of therapy services on site in support of patient referrals from the following specialties: Orthopedics, General Medicine and Surgery, Primary Care Clinic, Rheumatology and other referrals approved by Department Head/Division Officer. As an ancillary support service, all patient contact and care rendered is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.

CLINICAL FUNCTIONS – ORTHOPEDICS - You shall:

1. Evaluate and establish written treatment goals/plans, and apply treatment for patients with pathological upper extremity conditions resulting from trauma, disease, congenital deformity or acquired deformity. You shall also directly participate in physician rounds, treatment planning and discharge planning sessions.

2. Possess a comprehensive understanding of the following:

- Anatomy of the upper extremity and how it is altered by pathology
- Tissue healing and the various effects of various treatments on the connective tissue
- Muscle, sensory vascular and connective tissue physiology
- Kinesiology of the upper extremity
- The effect of temperature modalities and electrical current on nerve, muscle and connective tissue
- Surgical procedures of the upper extremity post-operative course and treatment protocols
- Perform Orthopedics, Hand Rehabilitation Services consistent with the qualifications in Section D.

3. Possess skills in the assessment and treatment in the following areas:

- | | |
|--|---|
| - Wound scar management | - Edema control |
| - Pain control | - Sensory reduction |
| - Range of motion and strengthening exercise | - Dexterity and Activities of Daily Living (ADL) training |
| - Orthotic fabrication and training | - Work capacity and conditioning |

CLINICAL FUNCTIONS - GENERAL MEDICINE AND SURGERY

1. Evaluate and establish written treatment goals/plans, and apply treatment for patients with closed head-injury, cerebrovascular accident (CVA), progressive central nervous system disorders, amputations, burns, joint replacements, limb deformities, arthritis and fractures. This shall require treatment skills associated with improving self care and ADL function; specialized treatment targeted toward cognitive retraining, reflex and sensory integration. You primary role shall be to provide direct treatment; you shall be integrally involved with Physical Therapy (PT), Speech and Social Work in the discharge planning process for in-patients.

2. Splinting provided under this contract to satisfy the intent and goals of the orders of the referring physicians, including proper fit and achievement of desired stabilization, limitation or mobilization of the body part(s) incorporated.

3. Provide consultation, evaluation and all other treatment procedures (other than splinting).

ADDITIONAL DUTIES.

1. Contact referring physicians regarding patient care concerns, as required.
2. Provide input and attend any meetings, rehabilitation team meetings, seminars and quality assurance meetings (during contracted hours) as required by the Department Head.
3. Provide documented treatment and discharge recommendations to members of the staff in routine, emergency and special cases as needed.
4. Provide periodic training/advice as required to promulgate the needs of the technicians.

PATIENT RECORDS AND DOCUMENTATION:

1. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions.
2. Verify the content and correctness of all prepared and transcribed reports within two working days by affixing an original signature to all copies of the document and validating its content or by computer input as appropriate.

INSTRUCTIVE FUNCTIONS

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Bachelors Degree or Masters of Science Degree in Occupational therapy from an accredited college of Occupational therapy with two years post-graduate experience in Occupational therapy.
2. Possess a current, unrestricted license to practice as an occupational therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands
3. Possess postsurgical hand rehabilitation experience: Minimum of 1 year work experience in a clinic with emphasis in hand therapy and minimum of 75 hand rehabilitation cases.
4. Possess a minimum 1 year of experience with additional inservice workshops and successful application of these techniques to include: Modalities specific to hand rehabilitation acquired beyond basic degree such as electrical muscle stimulation, heat modalities, ultrasound, and computer applied work devices.
5. Must possess current certification along with good standing with the National Board for Certification for Occupational Therapists.
6. Possess membership in good standing with the American Society of Hand Therapist and/or Association American Occupational Therapy Association.
7. Provide three letters of recommendation from occupational therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
8. Possess U.S. employment eligibility per Attachment 3. Provide copies of supporting documentation per attachment 3.
9. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against
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all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc, then,
3. Additional medical certifications or licensure, then,
4. Total Continuing Education hours, then,
5. Prior experience in a military medical facility. Provide Form DD214.
6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Occupational Therapist" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.7., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Occupational Therapist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

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The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for Occupational Therapist is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at 301-619-6793. **NOTE: Reference “Code 22O” in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – OCCUPATIONAL THERAPIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VI. of this sheet, a and copy of your curriculum vitae or resume.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Professional Licensure, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

Personal Qualifications Sheet – Occupational Therapist**I. General Information**

Name: _____ SSN: _____
Last First Middle
Address: _____
Phone: (____) _____

II. Professional Education:

BS in Occupational Therapy from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

MS in Occupational Therapy from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (Occupational Therapy License must be current and valid):

_____(mm/dd/yy)
State Date of Expiration

American Society of Hand Therapists Association membership:

Date of membership: _____

Membership number (if applicable): _____

American Occupational Therapy Association membership:

Date of membership: _____

Membership number (if applicable): _____

IV. Specialty Experience and Education: You must possess a minimum of 1 year work experience in postsurgical hand rehabilitation experience in a clinic with emphasis in hand therapy and minimum of 75 hand rehabilitation cases. Indicate where and when this experience was attained. If you possess certificates for completion of specialized training, you may attach copies. *This experience should be specifically addressed in letters of recommendations or provide a separate statement positively stating that you have the required experience.*

V. Specialty Experience and Education: You must possess a minimum of one year of experience in a general medicine/surgery, neuro-rehab or acute care environment within the preceding 24 months.

VI. Current Certification with the National Board for Certification for Occupational Therapists:

_____(mm/dd/yy)
Date of Expiration

VII. Professional Employment: List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
---	-------------	-----------

(1) _____	_____	_____

Work Performed: _____

Names and Addresses of Preceding Employers

<u>Names and Addresses of Preceding Employers</u>	<u>From</u>	<u>To</u>
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(2) _____	_____	_____

Work Performed: _____

<u>Names and Addresses of Preceding Employers</u>	<u>From</u>	<u>To</u>
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(3) _____	_____	_____

Work Performed: _____

_____ Are you currently employed on a Navy contract? If so where is your current contract and what is the position?
When does the contract expire? _____

VIII. Additional Continuing Education (Factor for Award):

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. Professional References:

Provide three letters of recommendation from occupational therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

X. Basic Life Support Current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

XI. Employment Eligibility (Provide copies of supporting documentation) :

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

IX. Additional Medical Certifications, Professional Memberships, Degrees or Licensure:

<u>Type of Certification, Degree or License and Date of Certification or Expiration</u>	<u>Expiration</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IX. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc. If you have prior medical experience in a military facility, please provide a copy of your DD214 or a description of that service, if performed in a civilian service capacity.

IX. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Occupational Therapists in the San Diego, CA area. The hourly price should include consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Occupational Therapist at the Naval Medical Center, San Diego, CA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Oct 03 thru 30 Sep 04	2,096	Hours	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2,088	Hours	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2,080	Hours	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 07	2,080	Hours	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 08	2,088	Hours	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

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ATTACHMENT 3

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A
LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
For persons under age 18 who are unable to present a document listed above;
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

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ATTACHMENT 4

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

E-mail Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____